APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/829,273	04/09/2001	Wayne R. Myers	CRNC.78765	8119

46169	7590	07/10/2006

SHOOK, HARDY & BACON L.L.P.
Intellectual Property Department
2555 GRAND BOULEVARD
KANSAS CITY, MO   64108-2613

EXAMINER
SHORTLEDGE, THOMAS E

ART UNIT	PAPER NUMBER
2626	

DATE MAILED: 07/10/2006

Please find below and/or attached an Office communication concerning this application or proceeding.

-- *The MAILING DATE of this communication appears on the cover sheet with the correspondence address* --

Period for Reply

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE *3* MONTH(S) OR THIRTY (30) DAYS, WHICHEVER IS LONGER, FROM THE MAILING DATE OF THIS COMMUNICATION.
- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133).
  Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

Status

1) ☒ Responsive to communication(s) filed on *17 April 2006*.

2a) ☒ This action is **FINAL**.   2b) ☐ This action is non-final.

3) ☐ Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

Disposition of Claims

4) ☒ Claim(s) *1-6,8-26,28-46 and 48-60* is/are pending in the application.

    4a) Of the above claim(s) _____ is/are withdrawn from consideration.

5) ☐ Claim(s) _____ is/are allowed.

6) ☒ Claim(s) *1-6, 8-26, 28-46 and 48-60* is/are rejected.

7) ☐ Claim(s) _____ is/are objected to.

8) ☐ Claim(s) _____ are subject to restriction and/or election requirement.

Application Papers

9) ☐ The specification is objected to by the Examiner.

10) ☐ The drawing(s) filed on _____ is/are: a) ☐ accepted or b) ☐ objected to by the Examiner.

    Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).

    Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).

11) ☐ The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

Priority under 35 U.S.C. § 119

12) ☐ Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).

    a) ☐ All   b) ☐ Some * c) ☐ None of:

      1. ☐ Certified copies of the priority documents have been received.

      2. ☐ Certified copies of the priority documents have been received in Application No. _____.

      3. ☐ Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).

    * See the attached detailed Office action for a list of the certified copies not received.

Attachment(s)

1) ☒ Notice of References Cited (PTO-892)

2) ☐ Notice of Draftsperson's Patent Drawing Review (PTO-948)

3) ☐ Information Disclosure Statement(s) (PTO-1449 or PTO/SB/08)
    Paper No(s)/Mail Date _____.

4) ☐ Interview Summary (PTO-413)
    Paper No(s)/Mail Date. _____.

5) ☐ Notice of Informal Patent Application (PTO-152)

6) ☐ Other: _____.

DETAILED ACTION

1.   This communication is in response to Remarks, filed 04/17/2006.

2.   Claims 1-6, 8-26, 28-46 and 48-60 are pending. Claims 1, 21 and 41 are

independent. Claims 7, 27 and 47 have been canceled. Claims 1, 8, 21, 28, 41 and 48

have been amended.

Response to Arguments

3.   Applicant's arguments with respect to claims 1, 21 and 41 have been considered

but are moot in view of the new ground(s) of rejection.

Claim Rejections - 35 USC § 103

4.   The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all

obviousness rejections set forth in this Office action:

> (a) A patent may not be obtained though the invention is not identically disclosed or described as set
> forth in section 102 of this title, if the differences between the subject matter sought to be patented and
> the prior art are such that the subject matter as a whole would have been obvious at the time the
> invention was made to a person having ordinary skill in the art to which said subject matter pertains.
> Patentability shall not be negatived by the manner in which the invention was made.

5.   Claims 1-6, 8-26, 28-46 and 48-60 are rejected under 35 U.S.C. 103(a) as being

unpatentable over Aikins et al. (PUFF: An Expert System for Interpretation of Pulmonary

Function Data) in view of Rapaport et al. (5,926,526).

As to claims 1, 21 and 41, Aikins et al. teach:

receiving a medical test result for a type of medical test (receiving medical test

from a set of pulmonary function (PF) test results, section 3 Rationale, paragraph 1);

identifying a diagnosis associated with the type of medical test and selecting the

diagnosis matching the medical test result (generating a report from a set of prototypical

interpretation statements, these interpretation statements used to interpret data

received from the medical test results (section 3, Rationale, paragraph 1, and paragraph

9). It would have been obvious to one of ordinary skill in the art at the time of the

invention that for different medical test results different interpretation statements would

be identified and applied since different medical test results would have different

interpretations applied).

outputting a plain language explanation based on the selected template

(generating reports from a set of prototypical interpretation statements for that medical

test, section 3 Rationale, paragraph 9);

Aikins et al. do not explicitly teach determining if the medical test result will be

automatically interpreted independent of clinician input or if the medical test result will

be interpreted using clinician input no if the medical test result will be automatically

interpreted independent of clinician input. However, Aikins et al. teach staff would be

available to handle unexpected complex cases, and to correct interpretations that they

felt were inaccurate (section 3 Rationale, paragraph 9). It would be obvious to one of

ordinary skill in the art at the time of the invention that a determination within the system

would be used to determine if the case is simple and able to be handled by the system without help from the staff, or is a complex case and needs to be handled by the staff, since it is stated that the staff handles unexpected complex cases. A case that is determined to be simple would be automatically interpreted by the system to produce interpretation statements (section 3 Rationale, paragraph 9).

Aikins et al. do not explicitly teach the diagnosis is a template. However, Rapaport et al. teach a template (bulletin), having an area to insert patient medical test information, is used to translate the diagnosis of the matching medical test to plain language, (col. 9, lines 48-67, and col. 10 lines 1-2 and Table A, lines 60-67).

Therefore, it would have been obvious to one of ordinary skill in the art at the time of the invention to combine the automatic diagnosis features of Aikins et al. with the templates of Rapaport et al. to supply the patient with specific medical test results, that the patient is able to understand in a secure environment without having to have the medical provider to continually attempt to contact the patient, saving both time and resources of the medical provider and patient, as taught by Rapaport et al. (col. 1, lines 43-58).

As to claims 2, 22 and 42, Aikins et al. teach identifying at least one diagnosis associated with the type of medical test comprises identifying a set of a plurality of diagnosis associated with the type of medical test (identifying interpretations associated with the medical test results, section 3 Rationale, paragraph 9).

Aikins et al. do not explicitly teach the diagnosis is a template. However, Rapaport et al. teach a template (bulletin), having an area to insert patient medical test information, is used to translate the diagnosis of the matching medical test to plain language, (col. 9, lines 48-67, and col. 10 lines 1-2 and Table A, lines 60-67).

Therefore, it would have been obvious to one of ordinary skill in the art at the time of the invention to combine the automatic diagnosis features of Aikins et al. with the templates of Rapaport et al. to supply the patient with specific medical test results, that the patient is able to understand in a secure environment without having to have the medical provider to continually attempt to contact the patient, saving both time and resources of the medical provider and patient, as taught by Rapaport et al. (col. 1, lines 43-58).

As to claims 3, 23 and 43, Aikins et al. do not teach each template of the identified set corresponds to a range of medical test result values.

However, Rapaport et al. teach templates (bulletins), different templates corresponding to different range of values, the templates having an area to insert patient medical test information, is used to translate the diagnosis of the matching medical test to paling language (col. 9, lines 48-67, and col. 10, lines 1-2 and Table A, lines 60-67).

Therefore, it would have been obvious to one of ordinary skill in the art at the time of the invention to combine the automatic diagnosis features of Aikins et al. with the templates of Rapaport et al. to supply the patient with specific medical test results,

that the patient is able to understand in a secure environment without having to have

the medical provider to continually attempt to contact the patient, saving both time and

resources of the medical provider and patient, as taught by Rapaport et al. (col. 1, lines

43-58).

As to claims 4, 24 and 44, Aikins et al. teach selecting interpretations (section 3

Rationale, paragraph 9). However, Aikins et al. do not teach the interpretations are

templates, and the templates correspond to the range encompassing the medical test

result.

However, Rapaport et al. teach templates (bulletins), different templates

corresponding to different range of values, the templates having an area to insert

patient medical test information, is used to translate the diagnosis of the matching

medical test to paling language (col. 9, lines 48-67, and col. 10, lines 1-2 and Table A,

lines 60-67).

Therefore, it would have been obvious to one of ordinary skill in the art at the

time of the invention to combine the automatic diagnosis features of Aikins et al. with

the templates of Rapaport et al. to supply the patient with specific medical test results,

that the patient is able to understand in a secure environment without having to have

the medical provider to continually attempt to contact the patient, saving both time and

resources of the medical provider and patient, as taught by Rapaport et al. (col. 1, lines

43-58).

As to claims 5, 25 and 45, Aikins et al. do not teach each template of the identified set corresponds to a medical test result value.

However, Rapaport et al. teach templates (bulletins), different templates corresponding to different range of values, the templates having an area to insert patient medical test information, is used to translate the diagnosis of the matching medical test to paling language (col. 9, lines 48-67, and col. 10, lines 1-2 and Table A, lines 60-67).

Therefore, it would have been obvious to one of ordinary skill in the art at the time of the invention to combine the automatic diagnosis features of Aikins et al. with the templates of Rapaport et al. to supply the patient with specific medical test results, that the patient is able to understand in a secure environment without having to have the medical provider to continually attempt to contact the patient, saving both time and resources of the medical provider and patient, as taught by Rapaport et al. (col. 1, lines 43-58).

As to claims 6, 26 and 46, Aikins et al. teach selecting interpretations (section 3 Rationale, paragraph 9). However, Aikins et al. do not teach the interpretations are templates, and determining a template corresponding to the medical test result value.

However, Rapaport et al. teach templates (bulletins), different templates corresponding to different range of medical result values, the templates having an area to insert patient medical test information, is used to translate the diagnosis of the

matching medical test to paling language (col. 9, lines 48-67, and col. 10, lines 1-2 and

Table A, lines 60-67).

Therefore, it would have been obvious to one of ordinary skill in the art at the

time of the invention to combine the automatic diagnosis features of Aikins et al. with

the templates of Rapaport et al. to supply the patient with specific medical test results,

that the patient is able to understand in a secure environment without having to have

the medical provider to continually attempt to contact the patient, saving both time and

resources of the medical provider and patient, as taught by Rapaport et al. (col. 1, lines

43-58).

As to claims 8, 28 and 48, Aikins et al. teach if the medial test result will be

interpreted using clinician input distributing the medical test result to the clinician and

receiving clinician input (the staff handles complex cases, and creates reports for the

user, section 3 Rationale, paragraph 9).

Aikins et al. do not teach the input matching the medical test result to a template.

However, Rapaport et al. teach a user selects templates (bulletins) to be

outputted to the patient (col. 9, lines 48-67).

Therefore, it would have been obvious to one of ordinary skill in the art at the

time of the invention to combine the automatic diagnosis features of Aikins et al. with

the templates of Rapaport et al. to supply the patient with specific medical test results,

that the patient is able to understand in a secure environment without having to have

the medical provider to continually attempt to contact the patient, saving both time and

resources of the medical provider and patient, as taught by Rapaport et al. (col. 1, lines 43-58).

As to claims 9, 29 and 49, Aikins et al. do not teach the step of recording the input of the clinician.

However, Aikins et al. teach recording the user's input to be outputted to the patient (col. 9, lines 48-67).

Therefore, it would have been obvious to one of ordinary skill in the art at the time of the invention to combine the automatic diagnosis features of Aikins et al. with the templates of Rapaport et al. to supply the patient with specific medical test results, that the patient is able to understand in a secure environment without having to have the medical provider to continually attempt to contact the patient, saving both time and resources of the medical provider and patient, as taught by Rapaport et al. (col. 1, lines 43-58).

As to claims 10, 30 and 50, Aikins et al. do not teach the step of receiving patient information and comparing the patient information against a list of patients having authorization to receive the medical test result.

However, Rapaport et al. teach having a patient enter his identification number, along with a password, giving the patient access to the system (co. 7, lines 48-57).

Therefore, it would have been obvious to one of ordinary skill in the art at the time of the invention to combine the automatic diagnosis features of Aikins et al. with

the templates of Rapaport et al. to supply the patient with specific medical test results,

that the patient is able to understand in a secure environment without having to have

the medical provider to continually attempt to contact the patient, saving both time and

resources of the medical provider and patient, as taught by Rapaport et al. (col. 1, lines

43-58).

As to claim 11, 31 and 51, Aikins et al. do not teach the selected template

includes at least one placeholder.

However, Rapaport et al. teach bulletins with placeholders, (Table A, col. 10,

lines 40-66).

Therefore, it would have been obvious to one of ordinary skill in the art at the

time of the invention to combine the automatic diagnosis features of Aikins et al. with

the templates of Rapaport et al. to supply the patient with specific medical test results,

that the patient is able to understand in a secure environment without having to have

the medical provider to continually attempt to contact the patient, saving both time and

resources of the medical provider and patient, as taught by Rapaport et al. (col. 1, lines

43-58).

As to claim 12, 32 and 52, Aikins et al. do not teach inserting data into the

selected template at the placeholder.

However, Rapaport et al. teach inserting data into placeholders, (col. 10, lines

40-66).

Therefore, it would have been obvious to one of ordinary skill in the art at the
time of the invention to combine the automatic diagnosis features of Aikins et al. with
the templates of Rapaport et al. to supply the patient with specific medical test results,
that the patient is able to understand in a secure environment without having to have
the medical provider to continually attempt to contact the patient, saving both time and
resources of the medical provider and patient, as taught by Rapaport et al. (col. 1, lines
43-58).

As to claims 13, 33 and 53, Aikins et al. do not teach the data is numerical value
for the medical test result.

However, Rapaport et al. teach a bulletin having placeholder, where the
placeholders represent areas for medical test information is to be inserted (col. 10, lines
40-66). Where it would be necessary to complete the output, medical data would be
inserted into the placeholders.

Therefore, it would have been obvious to one of ordinary skill in the art at the
time of the invention to combine the automatic diagnosis features of Aikins et al. with
the templates of Rapaport et al. to supply the patient with specific medical test results,
that the patient is able to understand in a secure environment without having to have
the medical provider to continually attempt to contact the patient, saving both time and
resources of the medical provider and patient, as taught by Rapaport et al. (col. 1, lines
43-58).

As to claims 14, 34 and 54, Aikins et al. do not teach the step of determining whether the selected template can be sent directly to the patient.

However, Rapaport et al. teach the medical provider is able to select if the corresponding template (bulletin) is to be sent to the patient or if not, an "on-the-fly" bulletin is be made sent (col. 9, line 63 through col. 10, line 2, and col. 10, lines 22-24).

Therefore, it would have been obvious to one of ordinary skill in the art at the time of the invention to combine the automatic diagnosis features of Aikins et al. with the audible output of Rapaport et al. to supply the patient with specific medical test results, that the patient is able to understand in a secure environment without having to have the medical provider to continually attempt to contact the patient, saving both time and resources of the medical provider and patient, as taught by Rapaport et al. (col. 1, lines 43-58).

As to claims 15, 35 and 55, Aikins et al. do not teach the outputting includes sending a message to a storage unit and adapting the selected template for viewing via a web browser.

However, Rapaport et al. teach storing the message for output, and the output device can be an Internet device (col. 5, lines 11-13), where it would be necessary that outputting to an Internet device would include viewing the message with a web browser.

Therefore, it would have been obvious to one of ordinary skill in the art at the time of the invention to combine the automatic diagnosis features of Aikins et al. with the templates of Rapaport et al. to supply the patient with specific medical test results,

that the patient is able to understand in a secure environment without having to have

the medical provider to continually attempt to contact the patient, saving both time and

resources of the medical provider and patient, as taught by Rapaport et al. (col. 1, lines

43-58).

As to claims 16, 36 and 56, Aikins et al. teach the outputted plain language

explanation is textual (Fig. 2).

As to claims 17, 37 and 57, Aikins et al. do not teach the outputted plain

language explanation is audible.

However, Rapaport et al. teach the outputted plain language explanation is

outputted via a telephone (col. 5, lines 1-2)

Therefore, it would have been obvious to one of ordinary skill in the art at the

time of the invention to combine the automatic diagnosis features of Aikins et al. with

the audible output of Rapaport et al. to supply the patient with specific medical test

results, that the patient is able to understand in a secure environment without having to

have the medical provider to continually attempt to contact the patient, saving both time

and resources of the medical provider and patient, as taught by Rapaport et al. (col. 1,

lines 43-58).

As to claims 18, 38 and 58, Aikins et al. do not teach the plain language

explanation is delivered by an automated phone system.

However, Rapaport et al. teach the outputted plain language explanation is outputted via a telephone with an automated user interface (col. 5, lines 1-2)

Therefore, it would have been obvious to one of ordinary skill in the art at the time of the invention to combine the automatic diagnosis features of Aikins et al. with the audible output of Rapaport et al. to supply the patient with specific medical test results, that the patient is able to understand in a secure environment without having to have the medical provider to continually attempt to contact the patient, saving both time and resources of the medical provider and patient, as taught by Rapaport et al. (col. 1, lines 43-58).

As to claims 19, 39 and 59, Aikins et al. do not teach the plain language explanation is delivered by a wireless device.

However, Rapaport et al. teach the output can be a wireless communication device, (col. 5, lines 11-13).

However, Rapaport et al. teach the outputted plain language explanation is outputted via telephone (col. 5, lines 1-2)

Therefore, it would have been obvious to one of ordinary skill in the art at the time of the invention to combine the automatic diagnosis features of Aikins et al. with the output of Rapaport et al. to supply the patient with specific medical test results, that the patient is able to understand in a secure environment without having to have the medical provider to continually attempt to contact the patient, saving both time and

resources of the medical provider and patient, as taught by Rapaport et al. (col. 1, lines 43-58).

As to claims 20, 40 and 60, Aikins et al. teach the step of distributing the results to a physician for review prior to the step of outputting a plain language explanation based on the selected template (allowing the staff to review and correct interpretations that they felt were section 3 Rationale, paragraph 9).

Conclusion

6.   The prior art made of record and not relied upon is considered pertinent to applicant's disclosure. See PTO-892.

7.   Applicant's amendment necessitated the new ground(s) of rejection presented in this Office action. Accordingly, **THIS ACTION IS MADE FINAL**. See MPEP § 706.07(a). Applicant is reminded of the extension of time policy as set forth in 37 CFR 1.136(a).

A shortened statutory period for reply to this final action is set to expire THREE MONTHS from the mailing date of this action. In the event a first reply is filed within TWO MONTHS of the mailing date of this final action and the advisory action is not mailed until after the end of the THREE-MONTH shortened statutory period, then the shortened statutory period will expire on the date the advisory action is mailed, and any

extension fee pursuant to 37 CFR 1.136(a) will be calculated from the mailing date of

the advisory action. In no event, however, will the statutory period for reply expire later

than SIX MONTHS from the date of this final action.

8.   Any inquiry concerning this communication or earlier communications from the

examiner should be directed to Thomas E. Shortledge whose telephone number is

(571)272-7612. The examiner can normally be reached on M-F 8:00 - 4:30.

        If attempts to reach the examiner by telephone are unsuccessful, the examiner's

supervisor, Richemond Dorvil can be reached on (571)272-7602. The fax phone

number for the organization where this application or proceeding is assigned is 571-

273-8300.

        Information regarding the status of an application may be obtained from the

Patent Application Information Retrieval (PAIR) system. Status information for

published applications may be obtained from either Private PAIR or Public PAIR.

Status information for unpublished applications is available through Private PAIR only.

For more information about the PAIR system, see http://pair-direct.uspto.gov. Should

you have questions on access to the Private PAIR system, contact the Electronic

Business Center (EBC) at 866-217-9197 (toll-free). If you would like assistance from a

USPTO Customer Service Representative or access to the automated information

system, call 800-786-9199 (IN USA OR CANADA) or 571-272-1000.

TS 6/30/06

RICHEMOND DORVIL
SUPERVISORY PATENT EXAMINER